

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accompanied~~ out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of ~~the~~ ^{the} person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, 5. 6. 87. p.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bonnitj Alexander Ham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, L

Color, white Sex, ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bookkeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } 941 N. Ann St.

Cause of Death, { First (Primary,) Bright dis: contracted kidney. Second (Immediate,) Adema of brain.

Duration of Last Sickness, Since Feb. 20th 1887

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 8th N. G. Keirle Medical Attendant

{ Undertaker, Geo Schilling Address 1419 W. Lexington St

{ Place of Business, Arkland Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to present, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

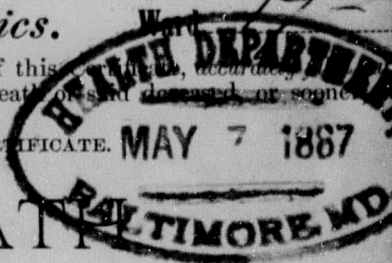
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99663 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, May 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis M. Curdy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 13 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Worker in a Tin Shop.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 2021 Winans Row.

Cause of Death, { First (Primary), Second (Immediate), } Traumatic Titanus. From Pistol Shot in right leg - rec'd Apr 24 87.
Spasms.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, May 7th 1887

Undertaker, James H. Hale } F. J. Flannery Coroner - M. D.

Place of Business, 116 West St } Address, 1701 Dr. Hill av.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99664 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, May 5th 1887

Full Name of Deceased, William McGowan

Sex, Male or Female, Male

Age, 67 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 639 Light St

Cause of Death, First (Primary), Alcoholism
Second (Immediate), Hypostatic Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Brae bury

Date of Burial, May 7 1887

Undertaker, Bernard Harbo

Place of Business, 115 West St

J. C. Burch

M. D.

Medical Attendant.

Address, 511 Waverly St

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99665 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Fischer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Piano-maker

B^orn Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, { Give Street and Number. } 300 Montgomery St. (old)

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Asphyxia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, May the 8th 87. J. M. Gombel M. D.

{ Undertaker, Georg Limbach Medical Attendant.

{ Place of Business, 647 W. 1st St. Address, 610 S. Sharp St.

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[OVER.]

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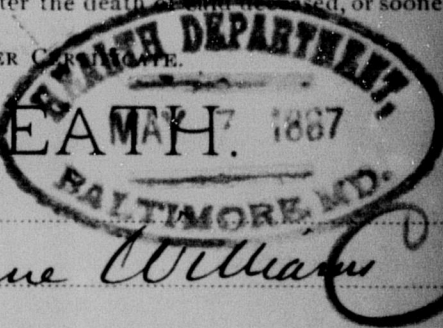
Board of Health, City of Baltimore.

Permit No. 99666 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 5, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phoebe Jane Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard County

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 636 Jasper Street

Cause of Death, { First (Primary), Phthisis; Second (Immediate), Anemia

Duration of Last Sickness, 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 8th 1887

Undertaker, Alex. Kemble; Medical Attendant, Marbury Brewer M. D.

Place of Business, 561 Orchard Address, 1031 Mc Culloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore. SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 99667

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99667 Office of Registrar of Vital Statistics.

Ward 12 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, May 6 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Huebner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1135 Kirk St

Cause of Death, { First (Primary), Second (Immediate), }

Typho malarial fever
Exhaustion

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, May 8 1887

Undertaker, John J. Andrews

John S. Huebner, M. D.

Medical Attendant.

Place of Business, No 407 Duval Hill

Address, 177 E. Ave & Duval Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99668 Office of Registrar of Vital Statistics. Ward 20

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CERTIFICATE OF DEATH

Date of Death, May 6

Full Name of Deceased, Jane Bacon Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female Cross out the word not required in this line.

Age, 78 Years, _____ Months, _____ Days

Color, White

Single Cross out the words not required in this line.

Occupation, _____

Birth Place, Baltimore State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, All life

Place of Death, 1036 Argle Ave Give Street and Number.

Cause of Death, Pneumonia Chronic
Insanction First (Primary), Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 9/87

Undertaker, Denny & Nuttall

Place of Business, 1201 W. 70th St Address, 305 N Green St

W. F. A. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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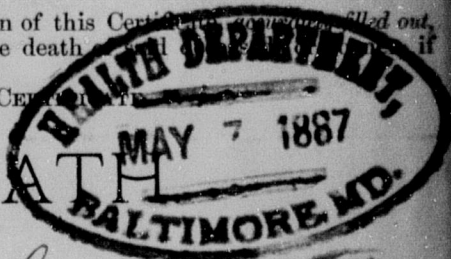
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Health Department, City of Baltimore.

Permit No. 99669 Office of Registrar of Vital Statistics. Ward 18

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death, May 5 1887 -
Full Name of Deceased, Conrad Schmidt
Sex, Male or Female, Male
Age, 70 Years, Months, Days.
Color, white.
Married, Single, Widow or Widower, Widower
Occupation, Carpenter
Birth Place, Germany
Duration of Residence in the City of Baltimore, Sixty years.
Place of Death, S.W. Cor. St Peter & Walker Sts.

Cause of Death, First (Primary), Old Age
Second (Immediate),
Duration of Last Sickness, Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.
Date of Burial, May 8 1887
Undertaker, Th. J. Hill & son
Place of Business, 746 Columbia Address, Medical Attendant, M. D.

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[OVER.]

No. 99670

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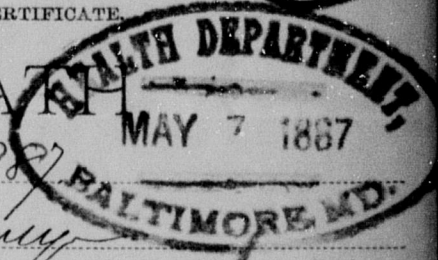
Health Department, City of Baltimore.

Permit No. 99670 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Janny

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 1/2 Years, Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U.S.

Duration of Residence in the City of Baltimore, 4 years -

Place of Death, { Give Street and Number. } 832 N. Eustaw St.

Cause of Death, { First (Primary), Uterine Cancer - Second (Immediate), Transition - }

Duration of Last Sickness, 18 months -

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, May 8th 1887

{ Undertaker, Wm Weaver } { J. E. Janny M. D. Medical Attendant. }

{ Place of Business, 832 N. Eustaw St. } Address, 832 N. Eustaw St.

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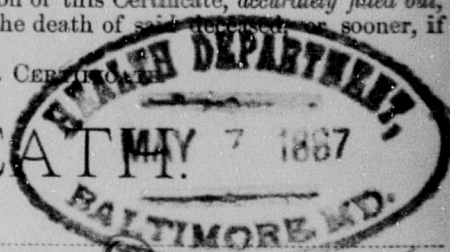
Health Department, City of Baltimore.

Permit No. 99671 Office of Registrar of Vital Statistics. Ward 11

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CERTIFICATE OF DEATH



Date of Death, May 6th 1887

Full Name of Deceased, William Edward Dorsey { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, 427, Lawrence's Al { Give Street and Number. }

Cause of Death, Whooping Cough { First (Primary), Second (Immediate), }

Duration of Last Sickness, Mother said child had been sick two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Ceme

Date of Burial, May 7th 1887

Undertaker, Wm J Gray { Geo. G. Jay M. D. Medical Attendant. }

Place of Business, 210 Mulberry Address, 210 W Franklin St

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[OVER.]